

## REQUEST FOR NEW CONSTRUCTION WITH EXISTING SEWAGE DISPOSAL

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Owner/

Agent's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Day #: \_\_\_\_\_

Site Identification: Subdivision \_\_\_\_\_ Lot: \_\_\_\_\_ Block \_\_\_\_\_

Tax Map # \_\_\_\_\_ Building Permit # \_\_\_\_\_

Directions to Property:

\_\_\_\_\_

\_\_\_\_\_

Proposed New Construction:

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions:

**Circle One**

- |    |   |           |
|----|---|-----------|
| 1. | Was your septic system installed and approved within the last 10 years?   | Yes or No |
| 2. | Does proposed addition or replacement encroach upon the drain field area?   | Yes or No |
| 3. | Does proposed addition or replacement come within 50' of your well?   | Yes or No |
| 4. | Are there wet spots in your yard, slow running drains, backups or discolored spots in your lawn? Circle those that apply to your situation. |           |
| 5. | Has your septic system been pumped in the last 5 years?   | Yes or No |

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant/Agent's Signature

(**Note:** By signing this statement you are requesting that the Environmental Health Specialist evaluate your system and are granting he/she permission to enter your property.)

### HEALTH DEPARTMENT USE ONLY

\_\_\_\_\_ Existing sewage disposal system should be adequate to handle new construction and use as above.  
**Building permit may be issued.**

\_\_\_\_\_ **Existing sewage disposal system inadequate.** Applicant must apply at the health department for a Sewage Disposal Construction Permit to be issued before Building Permit can be issued.

\_\_\_\_\_ Other

Health Department Records and/or Site Visit Findings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Environmental Health Specialist